

MAR 17 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Clark
Township Wyaconda
City (No.)Registration District No. 194
Primary Registration District No. 4117File No. 5497
Registered No. 4
St. Ward)

2. FULL NAME

(a) Residence, No. Emily Catherine Adams Ward. Wyaconda, Mo.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Don Adams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 1, 1854</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>5</u>
	DAYS <u>9</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clark Co. Mo.</u>
	13. NAME <u>Joseph M. Wells</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Elizabeth Jorde</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	17. INFORMANT <u>Francis Brookharts</u> (ADDRESS) <u>Wyaconda, Mo.</u>
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wyaconda, Mo.</u> DATE <u>Feb 12, 1937</u>
	19. UNDERTAKER (ADDRESS) <u>Bert H. Barker</u> <u>Wyaconda, Mo.</u>
20. FILED <u>Feb 12, 1937</u> <u>Bessie Blathier</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb 10, 1937</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 7, 1937</u> to <u>Feb 10, 1937</u> I last saw <u>her</u> alive on <u>Feb 9, 1937</u> . Death is said to have occurred on the date stated above, at <u>4 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Influenza</u> <u>asthma</u> Other contributory causes of importance: <u>all life</u>
Name of operation <u>none</u> Date of <u>✓</u> What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 19... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury <u>✓</u> Nature of injury <u>✓</u>
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>Don Adams</u> (Signed) <u>Wyaconda, Mo.</u> M. D.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

